



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: MUNCIE CATARACT & LASER EYE CENTER, LLC

Street Address: 3300 W PURDUE AVE

City: MUNCIE

County: Indiana

Administrator Name: Julia Jordan

Administrator Email: julia@makriseyemd.com

ASC Web Address:

Fiscal Year: 2019

Accredited: Yes No

Name of Accrediting Body:

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	530	953
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	572	
66821	240	
66982	120	
67040	20	
67036	12	
67041	8	
67108	8	
67042	6	
67031	4	
65420	3	

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.

1